

# Aerobic Winter Challenge Team Receipt



WORKSITE or COMMUNITY

If "worksite" please specify which company:

\_\_\_\_\_

TEAM NAME: \_\_\_\_\_

PARTICIPANT NAME (please print) (TL=TEAM LEADER)	AMOUNT RECEIVED		
	Entry Fee	T-Shirt Fee	Total
1. (TL)			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Totals			

Employees of the following agencies have a discounted fee:

- ❖ *Grand Canyon Association (temporary, part-time, and full-time) employee fee is \$5 due to a subsidy by GCA.*
- ❖ *Native American's for Community Action (temporary, part-time, and full-time) employee fee is \$5 due to a subsidy by NACA.*
- ❖ *NAPEBT (temporary, part-time, and full-time) employee fee is \$5 due to a subsidy by NAPEBT. This includes employees from Coconino County, City of Flagstaff, NAIPTA, Flagstaff Unified School District, Flagstaff Housing Authority, Coconino Community College, and Accommodation Schools.*
- ❖ *Northern Arizona Healthcare (temporary, part-time, and full-time) employee fee is \$5 due to a subsidy by NAH Lifepath.*
- ❖ *Northern Arizona University benefit-eligible employee fee is \$5 due to a subsidy provided by the Employee Assistance and Wellness Program. Subsidy is available for benefit eligible employees only!*

Due to Coconino County Public Health Services District by **October 26<sup>th</sup>, 2018**. Please submit team receipt with entry forms and money. Questions? Call 928-679-7268 or email [tkerrr@coconino.az.gov](mailto:tkerrr@coconino.az.gov)

TEAM NUMBER \_\_\_\_\_

(For Coconino County Public Health Services District use. You do not have to fill this in.)